

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P95000013210 (6)

1. Corporation Name

SOUTH FLORIDA SEASIDE RESORTS, INC.

Principal Place of Business

12650 NEW BRITTANY BLVD
SUITE 101
FT MYERS FL 33907

Mailing Address

12650 NEW BRITTANY BLVD
SUITE 101
FT MYERS FL 33907-3653

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 3045 ESTERO BLVD

Suite, Apt. #, etc.

22 UNIT 9C

City & State

23 FORT MYERS BEACH FL

Zip

24 33931

Country

25 USA

2a. Mailing Address

26 3045 ESTERO BLVD

Suite, Apt. #, etc.

27 UNIT 9C

City & State

28 FORT MYERS BEACH FL

Zip

29 33931

Country

30 USA

4. FEL Number

65-0566229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SMITH, KATHLEEN A
12650 NEW BRITTANY BLVD
SUITE 101
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2449 JASPER AVE

83

84 City FORT MYERS

FL

85 Zip Code 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME KOCH, WOLFGANG G
STREET ADDRESS 4745 ESTERO BLVD UNIT 1603-A
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Gordon B Davis

DIRECTOR

4/28/97 (941)4821040

CR2E034 (9/96)